

[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]	[11]	[12]	[13]	[14]	[15]	[16]
Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Business Rules	Field Type	Field Type Source	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip
n/a	APPLICATION FOR FEDERAL ASSISTANCE SF424 - MANDATORY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
n/a	Version 01	n/a	n/a	n/a	n/a	n/a	Right justified on the same line as the form title. Use the same font as the radio buttons.	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
1a-1	1.a. Type of Submission:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	Select one type of submission in accordance with agency instructions.
1a-2	Application	n/a	Yes	0	1	Type of Submission, Application, Plan, Funding Request, Other	default value	Radio Group	Type of Submission	n/a		n/a	n/a	Radio	Select if the type of submission is an Application.
1a-3	Plan	n/a	Yes	0	1	Type of Submission, Plan	n/a	Radio Group	Type of Submission	n/a		n/a	n/a	Radio	Select if the type of submission is a Plan.
1a-4	Funding Request	n/a	Yes	0	1	Type of Submission, Funding Request	n/a	Radio Group	Type of Submission	n/a		n/a	n/a	Radio	Select if the type of submission is a Funding Request.
1a-5	Other	n/a	Yes	0	1	Type of Submission, Other	n/a	Radio Group	Type of Submission	n/a		n/a	n/a	Radio	Select if the type of submission is a Funding Request.
1a-6	Other (specify)	n/a	No	0	1	Type of Submission, Other (specify)	This element is required if the response to Type of Submission is Other (specify)	Agency Specific	Type of Submission	AN		0	30	Field	Specify the type of submission in the text box.
1b-1	1.b. Frequency:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	Select the applicable frequency for the type of submission.
1b-2	Annual	n/a	Yes	0	1	Frequency, Annual	default value	Radio Group	Frequency	n/a		n/a	n/a	Radio	Select if the frequency of the submission is Annual.
1b-3	Quarterly	n/a	Yes	0	1	Frequency, Quarterly	n/a	Radio Group	Frequency	n/a		n/a	n/a	Radio	Select if the frequency of the submission is Quarterly.
1b-4	Other	n/a	Yes	0	1	Frequency, Other	n/a	Radio Group	Frequency	n/a		n/a	n/a	Radio	Select "Other" if the frequency of the submission is other than quarterly or annual.
1b-5	Other (specify)	n/a	No	0	1	Frequency, Other (specify)	This element is required if the response to Frequency is Other (specify)	Agency Specific	Frequency	AN		0	30	Field	Specify the frequency of the submission.
1c-1	1.c. Consolidated Application/Plan/Funding Request?	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	Indicate if the submission is a consolidated application/plan/funding request.
1c-2	Yes	n/a	No	0	1	Consolidated, Yes	n/a	Radio Group	Consolidated	n/a		n/a	n/a	Radio	Select if the submission is a consolidated application/plan/funding request.
1c-3	No	n/a	No	0	1	Consolidated, No	default value	Radio Group	Consolidated	n/a		n/a	n/a	Radio	Select if the submission is not a consolidated application/plan/funding request.
1d-1	1.d.Version:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	Select the applicable version for the type of submission.
1d-2	Initial	n/a	Yes	0	1	Version, Initial	default value	Radio Group	Version	n/a		n/a	n/a	Radio	Select if this is the initial submission.
1d-3	Resubmission	n/a	Yes	0	1	Version, Resubmission	n/a	Radio Group	Version	n/a		n/a	n/a	Radio	Select if this is a resubmission of the initial submission which is being resubmitted without change. The resubmission is due to problems with the initial submission.
1d-4	Revision	n/a	Yes	0	1	Version, Revision	n/a	Radio Group	Version	n/a		n/a	n/a	Radio	Select if this is a change to a submission that has not yet been accepted or approved by the agency.
1d-5	Update	n/a	Yes	0	1	Version, Update	n/a	Radio Group	Version	n/a		n/a	n/a	Radio	Select if this is a change to an accepted or approved submission.
2-1	2. Date Received:	n/a	Yes	1	1	Received Date	System generated after successful upload of the application package. Display "Completed upon submission to Grants.gov"	Agency Specific	n/a	DATE	n/a	n/a	n/a	Field	Grants.gov completes this field upon submission. This is the date the application is received by the Federal Agency.
2-2	STATE USE ONLY:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
3-1	3. Applicant Identifier:	n/a	No	0	1	ApplicantID	n/a	Agency Specific	n/a	AN	n/a	0	30	Field	If you wish to use a unique identification number for your own purposes, enter it here.
4a-1	4a. Federal Entity Identifier	Federal Entity ID	No	0	1	FederalEntityID	n/a	Global	globLib:FederalIDDataType	Global	Global	Global	Global	Global	Global
4b-1	4b. Federal Award Identifier	Federal Award ID	No	0	1	FederalAwardID	n/a	Global	globLib:ProjectAwardNumberDataType	Global	Global	Global	Global	Global	Global
5-1	5. Date Received by State	Date Received State	No	0	1	StateReceivedDate	n/a	Agency Specific	n/a	DATE	n/a	n/a	n/a	Field	Enter the date received by the State, if applicable. Enter in the format mm/dd/yyyy.
6-1	6. State Application Identifier	State Application ID	No	0	1	StateApplicationID	n/a	Agency Specific	n/a	AN	n/a	0	30	Field	Enter the identifier assigned by the State, if applicable.
7-1	7. APPLICANT INFORMATION:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
7-2	Global	n/a	Global	1	1	n/a	Global	Global	globLib:OrganizationDataTypeV2	Global	Global	Global	Global	Global	Global
7d-1	d. Address	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
7e-1	e. Organizational Unit	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
7f-1	f. Name and contact information of person to be contacted on matters involving this application	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a

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Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Business Rules	Field Type	Field Type Source	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip
7i-2	Global	n/a	Global	1	1	n/a	Global	Global	globLib:HumanNameDataTypeV2	Global	Global	Global	Global	Global	Global
7i-3	Title	n/a	No	0	1	globLib:HumanTitleDataType	n/a	Global	Global	Global	Global	Global	Global	Global	Global
7i-3	Organizational Affiliation	Organization Affiliation	No	0	1	Global	n/a	Global	globLib:OrganizationNameDataType	Global	Global	Global	Global	Global	Global
7i-4	Phone Number	n/a	Yes	1	1	globLib:TelephoneNumberDataType	n/a	Global	Global	Global	Global	Global	Global	Global	Global
7i-5	Fax	n/a	No	0	1	globLib:Fax	n/a	Global	Global	Global	Global	Global	Global	Global	Global
7i-6	Email	n/a	Yes	1	1	globLib:EmailDataType	n/a	Global	Global	Global	Global	Global	Global	Global	Global
8a-1	8a. TYPE OF APPLICANT:	n/a	Yes	1	1	Global	Global	Global	globLib:ApplicantTypeCodeDataType	Global	Global	Global	Global	Global	Global
8a-2	Other (specify)	n/a	No	0	1	Type of Applicant, Other (specify)	This element is required if the response to Type of Applicant is Other (specify)	Agency Specific	Type of Applicant	AN	n/a	0	50	Field	If you selected "Other" in 8a, specify your applicant type here.
8b-3	b. Additional Description	Additional Description	No	0	1	Type of Applicant, Additional Description	n/a	Agency Specific	n/a	AN	n/a	0	50	Field	Enter a secondary description of applicant type, if required by the agency.
9-1	9. Name of Federal Agency	Name of Federal Agency	Yes	1	1	Published opportunity	Global	Pre-populated	globLib:AgencyNameDataType	Global	Global	Global	Global	Global	Global
10-1	10. Catalog of Federal Domestic Assistance Number	CFDA Number	No	0	1	CFDA Number	n/a	Global	globLib:CFDANumberDataType	Global	Global	Global	Global	Global	Global
10-2	CFDA Title	n/a	No	0	1	globLib:CFDATitleDataType	n/a	Pre-populated	Published opportunity	AN	n/a	0	120	Field	Global
10-3	(Use continuation sheet, if necessary)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
11-1	11. Areas Affected by Funding (Cities, Counties, States, etc.)	Areas Affected by Funding	No	0	1	Areas Affected by Funding	n/a	Agency Specific	n/a	AN	n/a	0	45	Field	Enter areas or entities affected using categories specified in the agency instructions. Use the continuation sheet to enter additional areas or entities, if needed.
11-2	(Use continuation sheet, if necessary)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
12-1	12. CONGRESSIONAL DISTRICTS OF:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
12a-1	a. Applicant	Applicant	Yes	1	1	Global	n/a	Global	globLib:CongressionalDistrictDataType	Global	Global	Global	Global	Global	Global
12b-1	b. Project	Project	No	0	1	Global	n/a	Global	globLib:CongressionalDistrictDataType	Global	Global	Global	Global	Global	Global
12b-2	(Use continuation sheet, if necessary)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
13-1	13. FUNDING PERIOD:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
13a-1	a. Start Date:	Start Date	No	0	1	Funding Period, Start Date	n/a	Agency Specific	n/a	DATE	n/a	0	1	Field	Enter the start date of the funding period for this submission. Enter in the format mm/dd/yyyy.
13b-1	b. End Date:	End Date	No	0	1	Funding Period, End Date	n/a	Agency Specific	n/a	DATE	n/a	0	1	Field	Enter the end date of the funding period for this submission. Enter in the format mm/dd/yyyy.
14-1	14. ESTIMATED FUNDING:	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
14a-1	a. Federal	Federal	Yes	1	1	Estimated Funding, Federal	n/a	Global	globLib:BudgetAmountDataType	Global	Global	Global	Global	Global	Global
14b-1	b. Match	Match	No	0	1	Estimated Funding, Match	n/a	Global	globLib:BudgetAmountDataType	Global	Global	Global	Global	Global	Global
15-1	15. IS SUBMISSIONS SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
15-2	a. This submission was made available to the State under Executive Order 12372 process for review on	State Review Available	Yes	0	1	State Review, Available	n/a	Radio Group	15. "IS SUBMISSIONS SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?"	n/a	n/a	n/a	n/a	Radio	Select if this submission was made available to the State Executive Order 12372 process for review.
15-3	n/a	State Review Date	No	0	1	State Review, Available Date	This element is required if the response to State Review is a. - available	Agency Specific	n/a	DATE	n/a	0	1	Field	Enter the date the submission was provided to the State for review.
15-4	b. Program is subject to E.O. 12372 but has not been selected by State for review.	State Review not selected	Yes	0	1	State Review, not selected	n/a	Radio Group	15. "IS SUBMISSIONS SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?"	n/a	n/a	n/a	n/a	Radio	Select if the program is subject to E.O. 12372 but has not been selected by State for review.
15-5	c. Program is not covered by E.O. 12372.	State Review not needed	Yes	0	1	State Review, not needed	n/a	Radio Group	15. "IS SUBMISSIONS SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?"	n/a	n/a	n/a	n/a	Radio	Select if the program is not covered by E.O. 12372.
16-1	16. Is The Applicant Delinquent On Any Federal Debt?	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	This question applies to the applicant organization, not the person who signs as the authorized representative.
16-2	Yes	n/a	Yes	0	1	Delinquent Federal Debt, Yes	n/a	Radio Group	16. "Is The Applicant Delinquent On Any Federal Debt?"	n/a	n/a	n/a	n/a	Radio	Select if the applicant is delinquent on any Federal debt.
16-3	No	n/a	Yes	0	1	Delinquent Federal Debt, No	n/a	Radio Group	16. "Is The Applicant Delinquent On Any Federal Debt?"	n/a	n/a	n/a	n/a	Radio	Select if the applicant is not delinquent on any Federal debt.

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Field #	Field Label	Short Field Label	Required?	Minimum Occurrences	Maximum Occurrences	Agency Field Name	Business Rules	Field Type	Field Type Source	Data Type	List of Values	Min # of Chars or Min Value	Max # of Chars or Max Value	Field Implementation	Help Tip
17-1	17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
17-2	** I Agree	n/a	Yes	1	1	Application Certification	n/a	Agency Specific	n/a	n/a	n/a	n/a	n/a	Checkbox	Check to select.
17-2a	** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
17-3	Authorized Representative	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
17-4	Global	n/a	Global	1	1	n/a	Global	Global	globLib:HumanNameDataTypeV2	Global	Global	Global	Global	Global	Global
17-5	Title	n/a	No	0	1	globLib:HumanTitleDataType	n/a	Global	Global	Global	Global	Global	Global	Global	Global
17-6	Organizational Affiliation	Organization Affiliation	No	0	1	Global	n/a	Global	globLib:OrganizationNameDataType	Global	Global	Global	Global	Global	Global
17-7	Phone Number	n/a	Yes	1	1	globLib:TelephoneNumberDataType	n/a	Global	Global	Global	Global	Global	Global	Global	Global
17-8	Fax Number	n/a	Yes	1	1	globLib:Fax	n/a	Global	Global	Global	Global	Global	Global	Global	Global
17-9	Email	n/a	Yes	1	1	globLib:EmailDataType	n/a	Global	Global	Global	Global	Global	Global	Global	Global
17-10	Signature of Authorized Representative	Authorized Signature	Yes	1	1	Authorized Representative Signature	n/a	Global	globLib:SignatureDataType	Global	Global	Global	Global	Global	Global
17-11	Date Signed	Signature Date	Yes	1	1	Authorized Representative Signature Date	n/a	Agency Specific	n/a	DATE	n/a	1	1	Field	Completed by Grants.gov upon submission.
17-12	Add Attachment	n/a	No	0	Global	Global	n/a	Global	globLib:AttachedFileType	MULTIFILE	Global	Global	Global	Global	Global
n/a	Application for Federal Assistance SF424 - Mandatory Continuation Sheet	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
10-1	10. Catalog of Federal Domestic Assistance Numbers and Titles (List any additional Catalog of Federal Domestic Assistance Numbers and Titles, if applicable)	CFDA Number	No	0	18	CFDA Number	n/a	Global	globLib:CFDANumberDataType	Global	Global	Global	Global	Global	Enter additional CFDA numbers, if applicable.
10-2	CFDA Title	n/a	No	0	18	globLib:CFDATitleDataType	n/a	Global	n/a	AN	n/a	0	120	Field	Enter additional CFDA titles, if applicable.
11	11. Areas Affected by Funding (List additional areas affected by funding)	Funding Areas	No	0	1	Areas Affected By Funding	n/a	Agency Specific	n/a	AN	n/a	0	250	Field	Enter additional areas or entities affected using categories specified in the agency
12b	12.b. Congressional Districts (Program/Project)	Congressional District	No	0	15	Global	n/a	Global	globLib:CongressionalDistrictDataType	Global	Global	Global	Global	Global	Global
12b-1	(List additional congressional districts of the program/project)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Label	n/a
12b-2	Additional Congressional Districts	Additional Districts	No	0	1	Global	n/a	Global	globLib:AttachedFileType	Global	Global	Global	Global	Global	Global
16	16. Delinquent Federal Debt (Enter an explanation if the applicant organization is delinquent on any Federal Debt)	Explanation of Debt	No	0	1	Delinquent Federal Debt, Explanation	n/a	Agency Specific	n/a	AN	n/a	0	1000	Field	n/a